

**CANTON CIVIL SERVICE COMMISSION
CITY OF CANTON, OHIO**

**APPLICATION FOR THE POSITION
OF
FIREFIGHTER/PARAMEDIC**

NAME

ADDRESS

CITY

STATE

ZIP CODE

HOME PHONE

WORK PHONE

CELL PHONE

EMAIL ADDRESS

THE CITY OF CANTON IS AN
EQUAL OPPORTUNITY EMPLOYER

BELOW IS FOR OFFICE USE ONLY

<hr/> V. P. (20%)	DATE/TIME FILED <hr/>
<hr/> R. C. (15%)	O.D.L. # <hr/>
<hr/> B. D. (20%)	E. B. <hr/>
<hr/> A. D. (10%)	
<hr/> STATE CERTIF. (20%)	PHYSICIAN SLIP <hr/>
<hr/> BASIC EMT (10%)	RELEASE FORM <hr/>
<hr/> C. PARA (20%)	LIABILITY FORM <hr/>
<hr/> M. P. (20%)	
<hr/> C. P. (5%)	TMP NUMBER <hr/>
<hr/> NONE	BY <hr/>

INSTRUCTIONS

All answers must be in ink in the handwriting of the applicant or typewritten. Read carefully and answer EVERY question. Falsification or misrepresentation of information will disqualify you from consideration for appointment. Your answers should be complete and accurate to the best of your knowledge. Persons who want to claim additional credit will have to provide documentation if they make it to the final step of testing, which is the Oral Examination; Honorably Discharged Veteran, (or member in good standing of a reserve component of the armed forces), Certified EMT Paramedic, Basic EMT, holder of Ohio State Department of Education for satisfactory completion of the minimum “full-time paid firefighter course”, a Bachelor’s degree, an Associate’s degree or holder of the certificate for participation in the Canton Safety Forces Mentoring Program or a City of Canton resident for at least 6 months prior to the written exam.

1. Name in full _____

First	Middle	Last

2. Address _____

Number & Street	City, State, & Zip Code
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3. Social Security Number _____

4. Are you a U. S. Citizen _____ YES NO

If not a U. S. Citizen, have you legally declared your intention to become a U. S. Citizen?	YES	NO

If "NO", explain _____

5. Will you be at least 18 years of age and less than 35 years of age on or before September 23, 2015? _____ YES NO

(Note: A person is not eligible for appointment when he/she turns 35 years of age.)

6. Do you possess a valid driver's license? _____ YES NO
(Note: A copy of your valid driver's license must be submitted with this application.)

7. Are you a high school graduate or equivalent (G. E. D.)? _____ YES NO

8. You ever been convicted of a felony? _____ YES NO

If "YES", give date, place of arrest and offense. _____

9. Civil Service law prohibits classified employees from holding public office.
Do you hold any office of this type at the present time?
Such as a precinct committee – person?

If "YES" explain _____

10. Have you had any military service? _____ YES NO
If so, state type and date of discharge _____

11. Do you have a Bachelor's Degree? _____ YES NO
12. Do you have an Associate's Degree? _____ YES NO
13. Are you a Certified Basic EMT? _____ YES NO
14. Are you a Certified EMT/PARAMEDIC? _____ YES NO
15. Have you satisfactorily completed the minimum "full time paid Firefighter course" and possess a current certificate issued by the Ohio State Department of Education? YES NO
16. Are you in the Canton Safety Forces Mentoring Program? _____ YES NO
17. Will you have been a resident of the City of Canton for the six month period from March 23, 2015 to September 23, 2015? _____ YES NO

(SEE DOCUMENTATION STANDARDS FOR EXTRA CREDIT REQUIREMENTS #10-17)

In the interest of familiarizing yourself with the Skills Assessment Test, the Civil Service Commission will be conducting practice tests. The practice dates and times are as follows:

Tuesday, October 13, 2015 from 9:00 a.m. to 3:00 p.m. _____

Tuesday, October 20, 2015 from 3:00 p.m. to 7:00 p.m. _____

Saturday, October 24, 2015 from 11:00 a.m. to 4:00 p.m. _____

You will need to obtain a written permission slip from a physician, and have the Agreement and Release form, and Certification and Waiver of Liability form turned in no later than September 3, 2015 if you plan on attending any/all of the practice tests. Please check the above lines if you plan on attending any/all of the practice tests.

NO ONE WILL BE ALLOWED TO PRACTICE THE SKILL ASSESSMENT TEST WITHOUT THESE FORMS ON FILE.

18. Have you included a physician slip, Agreement and Release form, and a Certification and Waiver of Liability form? _____ YES NO
19. Ethnic Background. (You are not required to answer this question.)
- () White Non-Hispanic Origin () Black Non-Hispanic Origin () Hispanic
() Asian or Pacific Islander () American Indian or Alaskan Native () Other

20. How did you learn that the City of Canton is seeking applications for Firefighter/Paramedic?

[illegible]

<input type="checkbox"/> Filing fee	<input type="checkbox"/> Driver's license copy	<input type="checkbox"/> Physician slip	<input type="checkbox"/> Release form	<input type="checkbox"/> Liability form
<input type="checkbox"/> DD214	<input type="checkbox"/> Mentoring Certificate	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Associate' Degree in Fire Science	
<input type="checkbox"/> RC	<input type="checkbox"/> EMT Paramedic Certificate/Card	<input type="checkbox"/> Basic EMT Certificate/Card	<input type="checkbox"/> "Full – Time Paid Firefighter Course" State Certificate/Card	

I hereby certify that there are no willful misrepresentations, omissions of falsifications in this application. All my answers are true and correct to the best of my knowledge and belief. (Any applicant who intentionally makes a false statement, or who practices fraud in filling out this application, will be refused appointment, or if already appointed, will be dropped from the Department's Rolls.)

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